

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -5 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000063935

1. Corporation Name

ATLANTIC ENVIRONMENTAL INC.

400005108114--5
-03/14/02--01052--019
***908.75 ***908.75

2. Principal Office Address

304 RIVERBLUFF

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLORIDA

Zip

32174

Country

USA

3. Mailing Office Address

595 N. Nova Rd.

Suite, Apt. #, etc.

102

City & State

ORMOND BEACH, FLORIDA

Zip

32174

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-16-95

5. FEI Number

59-334-1468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C. HOLT SMITH

Street Address (P.O. Box Number is Not Acceptable)

233 E. BAY STREET

Suite, Apt. #, Etc.

SUITE 930

City

JACKSONVILLE

State
FL

Zip Code

32202

8. By signing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 2-26-02

(REGISTERED AGENT MUST SIGN)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVGT	GABRIELLE BENIGNI	304 RIVERBLUFF	ORMOND BEACH, FL 32174

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 Gabrielle Benigni

Date

Daytime Phone #

305-677-3708

CR2E081 (9/01)